

blood or serum, failing this by injections of gum solutions or salines containing alkali, and stimulation of excretion by all available channels.

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## THE TREATMENT OF EPILEPSY BY COLLOSOLO PALLADIUM.

BY

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For some time I have been using the different collosole preparations in the treatment of furunculosis, seborrhoea, acne rosacea, eczema, etc., and can fully verify the excellent results already stated by Sir Malcolm Morris, Mr. McDonagh, and others, in the *BRITISH MEDICAL JOURNAL*.

A study of the interpretation of the chemio-therapeutic action of the various collosoles led me to believe that, given a suitable collosole, epilepsy should respond to its treatment. Without at the moment entering into my reasons, collosole palladium suggested itself to me as a preparation which should give good results.\*

I therefore took twenty-three typical epileptics for systematic treatment and carefully examined the night and day records of their fits for the past four months, during which they had been under my own personal observation. Having, therefore, a sound basis to work upon, I injected each patient intramuscularly with 0.5 c.cm. of "pallamine" at intervals of three days. So far the results have been most marked and encouraging. To cite four cases:

*Case 1.*—H. G., male, aged 45, suffering from epilepsy of a doubtful traumatic history, had an average of at least four fits weekly. These fits were of a very violent nature, the convulsive stage lasting on occasions for an hour, followed by stupor, confusion, and excitement. Three injections were given as stated above. Since the injections only one fit has occurred in a fortnight, and that of a mild nature, lasting only 30 seconds. The patient feels greatly improved in his general health, is less morose, more conversant, expressing himself more lucidly, and is very grateful for the treatment.

*Case 2.*—M. A. L., female, aged 53, an epileptic of thirty years' standing, with a fit average of six per week, these being of a very violent nature. Since injection, three weeks ago, no fit has occurred, but she has had a few slight sensations. She is now placid, well behaved, and much better in every way.

*Case 3.*—M. A., female, aged 16, congenital epilepsy. Her fits at times, owing to their extreme frequency, were uncountable. She seldom had less than three or four a day. Since injection, three weeks ago, only four fits have occurred, of a mild nature, and of short duration.

*Case 4.*—W. H., female, aged 29, had a fit of a very violent nature at fairly regular intervals of three days. The first injection was given fourteen days ago, and to the time of writing no fit has occurred. She is much brighter, greatly improved in health, and has now great hopes of being discharged from the institution recovered.

It is an interesting fact that in two cases 1 c.cm. of collosole manganese was injected as a stimulant after the injections of "pallamine." In both cases a fit resulted.

Generally most of the patients who have been treated have greatly improved. The nurses and attendants have noticed a marked difference in their general behaviour, a

\* Colloid palladium (pallamine) can be purchased from Crookes' Collosoles Ltd., 50, Elgin Crescent, W.11.

great diminution in the frequency and severity of the fits, and say that their work in the epileptic wards is lightened to a large extent.

The results so far obtained from this treatment have been so encouraging, in fact, have so far exceeded my expectations, that I hasten to bring the matter before the profession in the hope that others will give this form of treatment a trial, and find great benefit to the epileptic ensuing therefrom.

I am still keeping careful records, and hope that at some future date I may be able to show further results.

## Memoranda:

### MEDICAL, SURGICAL, OBSTETRICAL.

#### THE NIGHTCAP FOR INSOMNIA.

WHILE the treatment of insomnia in any individual case must depend upon a correct estimation of the particular causes in that case, attention to details likely to assist in wooing sleep must always have precedence over drugs.

From this point of view the wearing of a nightcap takes precedence over the drinking of one. Did our grandfathers and grandmothers think, believe, or know from experience that the wearing of a nightcap encouraged sleep? How did this article come into such prevalent use in olden times? We are not entitled to suppose that the older generation wore it from vanity or foolishness, but rather to presume that it had knowledge and experience on its side, and had found that it encouraged sleep thereby.

This view is supported by war-time experience of the knitted Balaclava helmet and knitted cap comforter. That the feet should be warm in bed is recognized as necessary for sound unbroken sleep, but that warmth of the head may be soothing and sleep-winning is not sufficiently recognized at present in civil practice. The war cap comforter is well named. Those who use it at night in cold weather know its soothing virtues in dug-outs, shacks, huts, brick-floored billets, and such similar resting places.

The use and benefit of this accessory might be extended to civilians suffering from insomnia not of gross organic origin. In addition to its soothing sleep-promoting warmth the cap comforter can be used to decrease the intensity of sense impressions from light and sound, encouraging sleep and lessening the chance of its unnecessary interruption, particularly in the early morning.

It is recognized that light and fresh air purify the bedroom atmosphere and make sleep thereby more wholesome and refreshing. A drawn blind, to a large extent, excludes these. The open window, however, admits the full intensity of sounds from outside and daylight tends to waken the sleeper too early. The cap comforter is used to diminish these sensory excitants. The lower part, folded to a treble thickness, is brought over the ears and eyes. The sleeper then has all the benefit of the fresh air and purifying light without the disadvantage of sensory excitation of the eyes and ears. Extraneous sounds are greatly diminished in intensity and darkness is over the eyes. Thus two real objections sometimes raised by a patient to the open, blindless, curtainless bedroom window are removed. For those who know its value the cap comforter is a potent nightcap.

There is another war-time practice prevalent among soldiers for inducing sleep. As, prior to sleeping, the bird puts its head under its wing, and other animals curl up and thereby lessen the respiratory exchange, so, not infrequently, the soldier pulls his blanket completely over his head to facilitate sleep. He thus obtains increased head warmth, diminished sensory excitation, and a narcotic effect from rebreathing his own carbonic acid. While this practice cannot be recommended as giving healthy sleep it does decidedly promote sleep. As would be expected, such sleep is not so refreshing as fresh air sleep, and the man is often slow to waken and in wakening passes through a stupid, confused phase, resembling that of one coming out of a brief anaesthetic state. This practice is most useful where sleep is being prevented by coldness of the body due to wet clothing, wet feet, or insufficiency or wetness of blankets. The heavy sleep gives a welcome escape for the time being from the many abominations of the war zone.

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